

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2015
NAME OF PROVIDER OR SUPPLIER FLOYD MEMORIAL HOSPITAL AND HEALTH SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 1850 STATE ST NEW ALBANY, IN 47150		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of a State complaint.</p> <p>Complaint #IN00159653 Substantiated: State deficiency related to the allegations is cited.</p> <p>Survey date: 01/28/15</p> <p>Facility # 005040</p> <p>Surveyor: Trisha Goodwin, RN BSE Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/06/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart.</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the nurse executive failed to ensure nursing staff followed policy and procedure (P&P) for lab specimen collection for 4 of 5 medical records reviewed (MR#1, MR#2, MR#3, MR#5).</p> <p>Findings:</p> <p>1. Review of Policy Number 600-1011 titled "Proper Identification of Lab Specimens", indicated "All necessary information required to identify and test patient specimens shall be contained on laboratory requisitions and labels" and the procedure for labels was to include the following: Name of patient (first and last), Date of Birth, ID or hospital number, Room and bed number, Body source, if applicable, Date and time collected, Initials of collector/associate code, Collection of sequence (e.g.: CSF, #1, #2). The P&P further indicated the specimen should include "An affixed laboratory computer system specimen labels for each test required. This label is attached at the point of collection or receipt of</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>the specimen." The P&P was last revised 8/22/13.</p> <p>2. Review of Policy PB103 titled "Specimen Labeling" indicated specimen(s) must be labeled before leaving the patient and/or bedside. Urine and stool specimens must have the date and time of collection. Effective date of P&P indicated as 3/14/12.</p> <p>3. Review of MR#1 indicated the patient was a patient of the facility 10/15/14, had urine lab specimens ordered 10/15/14, the urine specimen orders for, but not limited to "Smear for Eosinophils", "Sodium Urine Random" and "Protein Total Urine Random" were "verified" on 10/15/14 at 12:29hrs and at 16:43hr the following, not all inclusive, urine specimens were "verified""EOS Smear Urine", "Urine Sodium". Lab results in the "Laboratory Detail" section of the MR indicated the following: "Smear for Eosinophils" ordered 10/15/14 at 12:29hrs, collected 10/16/14 at 11:05hr.</p> <p>Review of MR#2 indicated the patient was a patient of the facility 1/12/15, had urine lab specimens ordered 1/12/15, an urine specimen order for "Urinalysis w/ reflex urine" was "verified" 1/12/15 at 16:51hr and a "Culture Urine" was "verified" 1/12/15 at 18:43hr. Lab results in the "Laboratory Detail" section of the MR indicated the following: "Urinalysis w/ Reflex Urin" was ordered 1/12/15 at 16:51hr, collected 1/12/15 at 18:43hr and "Culture Urine" was ordered 1/12/15 at 18:43hr, collected 1/12/15 at 18:43hr.</p> <p>Review of MR#3 indicated the patient was seen in the emergency department (ED) on 11/2/14, had an order for a stool culture 11/2/14 and the specimen was obtained 11/2/14. The record lacked documentation of lab receipt or processing of the specimen.</p>	S 912		

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S 912	<p>Continued From page 3</p> <p>Review of MR#5 indicated the patient was a patient of the facility on 12/30/14, had urine lab specimen(s) ordered STAT (immediately) on 12/30/14, an "Urinalysis w/ Reflex Urine" was "verified" 12/30/14 at 13:57hr. Lab results in the Laboratory Detail section of the MR indicated "Urinalysis w/ Relex Urin" was ordered 12/30/14 at 11:54hr, collected 12/30/14 at 22:15hr.</p> <p>4. Review of facility documents titled Risk Incident Summary from 10/2014 to present (1/28/15) indicated the following related to the following patients: MR#1, event date 10/15/14, an urine specimen likely belonging to this patient was received in lab without a label and was discarded; MR#2, event date 1/12/15, an urine specimen container labeled with a name different than the name on biohazard bag containing the specimen and the specimen was discarded, MR#3, event date 11/2/14, a stool specimen sent to lab without identification, sent back to the emergency department, then back to the lab and discarded without testing; MR#5, event date 12/30/14, an unlabeled urine specimen was received by lab, unable to determine final disposition of specimen.</p> <p>5. On 1/28/15 at 1:25pm, A5, Emergency Department Manager, indicated the date and time of lab specimen collection is indicated in the medical record (MR) in the "Order Inquiry" section under the heading of "verified" at 2:00pm A5, , indicated the order for stool culture of MR#3 may have been canceled due to inability to obtain a specimen. A5 confirmed documentation of specimen receipt by a nurse and no documentation of lab receipt or lab results. A5 further indicated all specimens should be labeled with patient identification.</p>	S 912		